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MUNICIPAL SANITARY REPORTS.

The Annual Report of the Commissioner of Health of the City of St. Paul for 1903 indicates, as usual, an extraordinarily low death-rate for that city, only 8.92 per 1,000 against 9.79 for Minneapolis and between 13 and 14 for Milwaukee and Detroit, its nearest rivals. The reviewer was interested to see how far these low death-rates are dependent on a special age distribution of the population, and calculated from the 1900 United States Census the death-rates for three age periods for Boston and St. Paul. The rates per 1,000 living were: under 5 years, 55 for St. Paul and 130 for Boston; from 5 to 54 years, 10 for St. Paul and 19 for Boston; and, over 54 years, 71 for St. Paul and 130 for Boston. Apparently, age distribution has little to do with the case, the difference appearing at each period, and being greatest among young children, where sanitation is of most importance. The small negro and Latin population in St. Paul is, of course, a favorable circumstance; yet, if the death records are fully kept, it would seem that the rate of 8.92 really indicates a remarkable sanitary condition. Of special diseases, tuberculosis and pneumonia are in the lead, causing, respectively, death-rates of 1.16 and 1.02 per 1,000 living, with deaths by violence, heart disease, and carcinoma in the next places. In older cities, pneumonia ranks tuberculosis, as a rule. Can this be due to more careful diagnosis? The number of births is about double the number of deaths every year in St. Paul,—a gratifying condition.

The volume entitled *Vital Statistics of the City of Chicago for the Years 1899 to 1903, Inclusive*, issued by Dr. A. R. Reynolds in 1904, makes up, to some extent, for the lack of regular annual reports from that city during recent years. It includes, practically, five separate registration reports bound up together, and shows death-rates ranging from 13.88 to 15.56 for the five years. A full table of deaths by causes, months, ages, and social condition, furnishes a good stock of statistical raw material; but the following tables might be made much more helpful by the calculation of fuller rates and ratios. Absolute numbers of deaths by years, by nativity, and by causes, are of little value without the corresponding populations. The table of age periods does include rates, and the values of 145 deaths per 1,000 under 1 year and 48 deaths per 1,000 under 5 give a fair idea of existing conditions. Nine elaborate tables for certain diseases by wards and months are scarcely worth the trouble of tabulation. On the other hand, a small table, showing the ratio of deaths from

certain causes to the total deaths, is instructive. Consumption and pneumonia are far in the lead, causing together about one-fifth of the total deaths. The relative position of the two has been reversed, pneumonia passing consumption in 1898, and exceeding it by 60 per cent. in 1902. A ratio of 6 to 8 per cent. of total deaths due to violence is extraordinarily high.

The weekly bulletins issued by the Chicago Department of Health contain much statistical material of value. For example, in the number for the week ending May 13, 1905, are tables of deaths under 5 by months for the past twenty years, which furnish a good measure of sanitary progress. Comparing the two decades 1885-94 and 1895-1904, the general death-rate has fallen from 20.2 to 15.1, and the death-rate under 5 (per 1,000 total population) from 9.5 to 5.1. The ratio of deaths under five to total deaths has steadily decreased from 49.6 per cent. in 1885 to 26.8 per cent. in 1904.

The Report of the Board of Health of the City of Manchester, N.H., for 1904 shows a much higher ratio of deaths under 5 to total deaths, 56.95 in 1902 and 47.41 in 1904. This should be a warning that some reforms are needed. The estimation of population in this city appears to cause the officials serious trouble. Estimated yearly increments brought a population of 44,126 in 1890 up to 60,000 in 1899. It had to be reduced to 56,987 in 1900, and has already leaped up to 62,000 in 1904.

The Annual Reports of the City of Harrisburg for 1903 form a thick volume, which contains much evidence of the political reforms which have lately made such progress in that city. Vital statistics appear, however, to be sadly neglected, although it is certain no sure sanitary progress can be made without good book-keeping. In the report of the sanitary department there is no statement even of the total population of the city; and the figures for total births and deaths have thus no significance. Turning over to a report by James H. Fuertes, C.E., on a new water supply for the city, the reviewer finds the population estimated at 55,000, and, taking this as a basis, the general death-rate for 1903 appears to be a trifle over 15. Deaths are also given for the principal contagia, showing low figures for most of them, but a high rate for typhoid fever (40 deaths, or 73 per 100,000), the inevitable result of a polluted water supply.

The Annual Report of the Registry Department of the City of Boston for the year 1903 is enlarged to include comparative statistics for the past four years; and in the next volume a summary is promised for the fifty years, 1850 to 1900. The reviewer has already pointed out (Vol. VIII of this journal, p. 289, March, 1903) that the calcu-

lation of ratios would greatly add to the value of these Boston reports. What those who are to use sanitary reports require are not crude, raw statistical material, but digested and interpreted results. For example, Table X of the Boston report occupies 28 pages, with a detailed tabulation of deaths from certain principal causes by age periods and wards, while one page for the city, as a whole, would have furnished all the information which could have any conceivable value. Table XIII exactly duplicates Table X, except that it includes only natives of Boston, and occupies 56 pages. This is merely wasteful; but the publication of ratio tables, giving the proportion which total deaths and deaths at certain age periods in the individual wards bear to the corresponding figures for the whole city, is more serious. Since the reader may easily fail to notice that ward populations vary from 13,812 to 34,982, such figures are likely to be highly misleading. Numerous small omissions are vexatious, as the lack of a total column for all seasons in Table VII, which gives deaths by months and ages, and the separation in several tables of residents, non-residents, and persons of residence unknown, without any table giving the total for all three classes. It is to be hoped that the authorities may correct these and similar deficiencies in the next report. The fifty-year summary in the forthcoming volume should be made a classic in American vital statistics by adequate scientific handling of the data involved.

As usual, the ward statistics in the appendix to the Boston report are of great interest. As a rule, ward tables, including only crude death-rates and cases of infectious disease, are of little value; but the Boston officials have worked out an original and most suggestive system of correlating these figures with racial, geographical, and housing conditions, which throws much light on the problems of the American municipality. The ward statistics in this report are compared for a four-year period, and many interesting points are brought out. In many wards "the age period in which occurred the greatest number of deaths other than under one year" has shifted since 1900 from 2-5 to one of the age periods over 50. In almost all the wards a steady decrease has taken place, both in birth-rates and death-rates. The differences between the tenement-house wards, with death-rates of 25 and birth-rates of 45, and the expensive residential districts, with both rates at about 15, the reviewer has already pointed out (l. c.).

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